Medicaid and CHIP MAC Learning Collaboratives

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Findings from an Analysis of Publicly Available Reports on Medicaid and CHIP Performance Measures

State Medicaid programs and the Children's Health Insurance Program (CHIP) track a wide variety of performance measures across many domains in an effort to monitor their progress toward specific goals and to meet federal and state reporting requirements. States report many of these measures on public websites, with the goal of providing information to and improving program transparency for external and internal stakeholders.

This brief presents an analysis of the ***Database of Publicly Available Medicaid and CHIP Performance Measure Reports***, which was compiled from a scan of state websites in spring 2012. After providing background on the database, we highlight the types of documents and reports that are available and discuss which measure domains are typically represented, including examples of reported measures in each domain. We also discuss the types of stratification used by states in their analyses (e.g., whether they report data by type of beneficiary, provider, or health plan) and the frequency with which measures are reported.

The Database of Publicly Available Medicaid and CHIP Performance Measure Reports

The database was created as part of the Centers for Medicare & Medicaid Services' *Data Analytics Medicaid and CHIP Learning Collaborative*, a gathering of state and federal Medicaid and CHIP officials to consider how data analytics might be used to evaluate program outcomes, drive continuous improvement, and enhance transparency and accountability.

The database provides a snapshot of program performance measures that were reported online by states in spring 2012. It catalogs reporting efforts across eight domains of program measurement: (1) eligibility, enrollment, and retention; (2) access to care; (3) provider participation/network adequacy; (4) consumer experience; (5) quality and outcomes of care; (6) cost, utilization, and efficiency; (7) program integrity; and (8) delivery system organization and financing. The database also features links to more than 500 websites, reports, and other materials dated calendar years 2000 through 2012, allowing users to find out more about the measures by accessing the relevant online materials directly.

The database was constructed based on an analysis of three types of websites from March through June 2012: Medicaid agency websites, CHIP websites, and state legislature websites. More information on the methods used to construct the database is available in the **User's Guide to the Database**.

The analysis of public reporting efforts presented in this brief shares the same limitations as the database itself. Namely, the database represents a snapshot of performance measures available on state websites in spring 2012 and identified using the search algorithm described in the user's guide. However, the types of publicly available measures may change over time as materials are added to or removed from websites. Furthermore, state Medicaid and CHIP measures posted on federal, health plan, or academic or research institution websites are not included. Finally, measures that some states might make available to the public in forms not accessible through the web are not reflected in the database.

How Common Is Public Reporting of Program Performance Measures?

As of spring 2012, all 50 states and the District of Columbia publicly posted performance measures for at least one of the eight domains, and 10 states posted measures in all eight domains. Most states included these measures in several types of documents, including legislative reports, audits, annual reports, fact sheets or overviews, report cards, policy briefs, and program evaluations. The number of websites and online documents found per state ranged from one (Indiana) to 31 (Minnesota). However, the number of online documents or websites does not necessarily indicate the amount of information available in a state because the sources vary in length and comprehensiveness.

Across all states, we found an average of 133 online documents or websites per domain, each containing at least one performance measure (Table 1). States most frequently released online data in the eligibility, enrollment, and retention domain (255 documents total); followed by cost, utilization, and efficiency (248); and quality and outcomes of care (132). The domain with the fewest online documents was provider participation/network adequacy (73 documents). Most documents addressed one or two domains. The documents that cover three or more domains were more likely than the one- or two-domain documents to be annual publications.

***Table 1*. Domain-Level Reporting Across All States**

Number of Websites and Online Documents in Each Domain	
Average per domain	133
Provider participation/network adequacy	73 (minimum)
Program integrity	75
Access to care	85
Consumer experience	94
Delivery system organization and financing	104
Quality and outcomes of care	132
Cost, utilization, and efficiency	248
Eligibility, enrollment, and retention	255 (maximum)
Number and Percentage[1] of Cross-Cutting Websites and Online Documents	
Documents covering one domain	197 (39%)
Documents covering two domains	170 (34%)
Documents covering three or more domains	137 (27%)

[1] The percentage is based on a total of 504 documents in the database.

What Types of Program Performance Measures Do States Typically Report?

States publicly report a wide array of measures in each domain, often stratified by key participant, provider, and plan characteristics. It was beyond the scope of this effort to catalog or standardize all the performance measures in these reports; however, Table 2 provides a few examples of commonly reported measures in each domain. The table also includes specific examples from the database, drawn from states participating in the *Data Analytics Medicaid and CHIP Learning Collaborative* (Alabama, Arizona, California, Colorado, Georgia, Illinois, Maine, Minnesota, New Hampshire, and South Carolina).

***Table 2*. Examples Measures in Each Domain**

Measure Domain	Commonly Reported Measures	Specific Example from Learning Collaborative State
Eligibility, enrollment, and retention	Total enrollment, number of new enrollments, number of disenrollments	**Alabama**: Eligibility by aid category and county
Access to care	Receipt of well-child visits	**Georgia**: Average wait time for appointments
Provider participation/network adequacy	Number of participating providers or licensed facilities	**Minnesota**: Availability of primary care providers and specialists by region
Consumer experience	Ratings of personal provider or health plan (e.g., excellent, very good, etc.)	**Colorado**: Client satisfaction with the complaint process
Quality and outcomes of care	Rates of lead screening, breast cancer screening	**California**: Childhood immunization rates **Arizona**: Performance measures such as lipid screening for diabetics or Early Periodic Screening, Diagnosis, and Treatment (EPSDT) participation
Cost, utilization, and efficiency	Expenditures (total, per member), inpatient hospital utilization, claims submission, and payment timeliness	**New Hampshire**: Utilization and costs by eligibility group, long-term care setting, dual-eligible status, geographic area **Maine**: An interactive web tool allowing viewers to look up how much MaineCare paid for a particular procedure in a particular location
Program integrity	Error rate for claims, amount of Medicaid costs recovered	**South Carolina**: Number of fraud cases opened and amount recovered from providers
Delivery system organization and financing	Enrollment in managed care (total number and monthly)	**Illinois**: Enrollment in managed care plans

Although states reported a wide variety of measures, they often organized their measures into similar subgroups to present results. Doing so allows internal and external stakeholders to look for and analyze trends or disparities across different categories of participants, providers, and plans. Common subgroups included:

- *Demographics*—age, gender, race/ethnicity, education level, income level, place of residence (facility or community)
- *Geographic area*—town, county, state, region, metropolitan statistical area, or an area compared to the nation or another state
- *Eligibility information*—Medicaid versus CHIP, eligibility category (e.g., elderly, pregnant woman, or child), waiver type, disability status
- *Plan information*—plan type (e.g., comprehensive managed care or dental), delivery system (fee-for-service versus managed care)
- *Service/claims information*—service type, service category, primary diagnosis, procedure, procedure class, facility location (in or out of state), facility type (e.g., hospital inpatient or outpatient, nursing facility, Federally Qualified Health Center, or community mental health center)

- *Provider information*—provider type/specialty, provider location, provider category, medical group

How Frequently or Consistently Are Measures Reported?

Forty-seven states have published measures in at least one domain as recently as 2011 or 2012, and in each of the eight domains, over half of states had at least one report dated 2000 through 2012 (Table 3, first column). In most domains, though, most states do not routinely issue performance measure reports annually or more frequently. For example, 35 states had posted at least one report in the consumer-experience domain, but only 12 states were reporting in that domain annually or more frequently. Two domains were notable exceptions to this trend; 43 states were routinely reporting measures in the eligibility, enrollment, and retention domain and 38 states did so in the cost, utilization, and efficiency domain.

The frequency of measure reporting may differ across states and domains for several reasons, including data availability and the stability of measures over time. For example, measures in the eligibility, enrollment, and retention domain can fluctuate substantially from month to month. Because states have ready access to aggregate eligibility data, they are able to monitor and update these measures frequently. In contrast, clinical quality or outcomes-of-care measures may be defined in a way that requires observations over a full year. Furthermore, the data sources required to calculate these measures may be subject to claims lags or delays in encounter data reporting, thus limiting the frequency with which states can examine these measures. Still others, like consumer-experience measures, may be survey-based (that is, constructed from data that are episodically collected, rather than from administrative records).

Table 3. **Number of States Reporting Measures in Each Domain**

Measure Domain	Ever Reported, Calendar Years 2000–2012	Reporting Annually[2] or More Frequently	Reported at Least Once, Calendar Years 2011–2012
Eligibility, enrollment, and retention	49	43	45
Access to care	29	13	13
Provider participation/network adequacy	32	16	15
Consumer experience	35	12	16
Quality and outcomes of care	34	25	20
Cost, utilization, and efficiency	50	38	40
Program integrity	30	15	22
Delivery system organization and financing	36	24	25
Total number of states reporting in any domain at the specified frequency	**51**	**47**	**47**

[2] Annually, quarterly, or monthly reporting is only included if it ongoing; reporting that was previously annually, quarterly, or monthly but has been discontinued is not included.

Summary

Many states are seeking to improve the transparency of their Medicaid and CHIP programs and to share more information with their stakeholders. As part of those efforts, every state has published at least one online file or website, as documented in the database, and some states have posted dozens of reports on program performance measures. Indeed, we found reports for 10 states that covered all eight domains, and many states posted annual measures in the domains of eligibility, enrollment, and retention as well as cost, utilization, and efficiency. Nevertheless, reporting efforts in many domains were inconsistent over time, and some states posted very few reports online.

To support state efforts to enhance transparency and communicate with their stakeholders, a companion brief posted on Medicaid.gov, "Strategies to Enhance Stakeholders' Use of Publicly Available Medicaid and CHIP Performance Measures," draws on examples identified through the database to present model strategies for making program performance measures accessible to the public.

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ABOUT THE MAC COLLABORATIVES

This document was developed for the *Medicaid and CHIP Federally Facilitated Marketplace Eligibility and Enrollment Learning Collaborative*, one of a series of state-federal collaboratives being coordinated through the *Medicaid and CHIP Learning Collaboratives (MAC Collaboratives).* The Centers for Medicare & Medicaid Services (CMS) established the *MAC Collaboratives* to achieve high-performing state health coverage programs, a goal that requires a robust working relationship between federal and state partners. The *MAC Collaboratives* are bringing together these partners to address common challenges and pursue innovations in Medicaid program design and operations as well as broader state health coverage efforts.

Visit the ***MAC Collaboratives State Toolbox*** **on Medicaid.gov** for products generated or used by the collaboratives, including technical assistance tools, state resources, and relevant background materials. The MAC Collaboratives are coordinated by Mathematica Policy Research, the Center for Health Care Strategies, and Manatt Health Solutions, with additional assistance from external experts and in close association with CMS. For more information, visit http://www.Medicaid.gov.